

# 2009 – 10 REGISTRATION FORM

MAIL OR DELIVER (NO phone reservations please) APPLICATION TO:

**CONNECTICUT CARPENTERS APPRENTICE & TRAINING FUND**

500 MAIN ST.  
YALESVILLE, CT 06492

**FAX: 203-265-5279**

**CARPENTERS SKILL ADVANCEMENT PROGRAM**

**ENROLLMENT APPLICATION - (PLEASE PRINT)**

NAME: \_\_\_\_\_ L.U. # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

U.B.C. ID# (required) - \_\_\_\_\_

**PLEASE INCLUDE \$25 REGISTRATION FEE FOR EACH CLASS:**

(Make checks payable to: C.C.A.T.F.)

**Fee refunded upon successful completion of each class. Thank you for your cooperation.**

Please indicate the class or classes that you will participate in:

CLASS \_\_\_\_\_ START DATE: \_\_\_\_\_

CLASS \_\_\_\_\_ START DATE: \_\_\_\_\_

CLASS \_\_\_\_\_ START DATE: \_\_\_\_\_

PHONE: 203-284-1362 OR TOLL-FREE: 1-877-999-5088